

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>10/658241</u>	FILING DATE			
							APPLICANT(S)				
<u>2/17/05</u>							CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2	1		1				52				
3		1		2			53				
4		1		1			54				
5		1		1			55				
6		1		2			56				
7		1		2			57				
8		1		2			58				
9				1			59				
10				1			60				
11				1			61				
12				1			62				
13				1			63				
14				2			64				
15			1				65				
16			1				66				
17		1		2			67				
18		1		2			68				
19		1		1			69				
20		1		1			70				
21		1		1			71				
22		1		1			72				
23		1		1			73				
24		1		1			74				
25		1		1			75				
26		1		1			76				
27	1		1				77				
28				1			78				
29	1		1				79				
30		1		1			80				
31	1		1				81				
32		1		1			82				
33	1		1				83				
34		1		1			84				
35			1				85				
36		1	1				86				
37		1		1			87				
38			1				88				
39				1			89				
40				1			90				
41				1			91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		11				TOTAL IND.				
TOTAL DEP.	4		37				TOTAL DEP.				
TOTAL CLAIMS	51		48				TOTAL CLAIMS				